



# UNIFIED PROGRAM CONSOLIDATED FORM

## CITY OF ANAHEIM FIRE DEPARTMENT HAZARDOUS MATERIALS SECTION

201 S. ANAHEIM BOULEVARD, SUITE 300, ANAHEIM, CA 92805  
PHONE: (714) 765-4040 FAX: (714) 765-4608

### HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION STATEMENT

Facility Name: Allied Pacific Metal Stamping, Inc.

Address: 2951 E. La Palma Ave.

Phone: 714.630.8145

Hazardous Materials Inventory (one year certification)	Consolidated Contingency/Emergency Plan (three year certification)
<p>The California Health &amp; Safety Code, Division 20, Chapter 6.95, Section 25503.3(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> annually certify their hazardous materials inventory.</p> <p>A business may comply with this reporting requirement by submitting this certification statement to the Anaheim Fire Department by <b>March 1</b>.</p> <p>(Please check all applicable boxes)</p> <p><input type="checkbox"/> No changes are required.</p> <p><input checked="" type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input checked="" type="checkbox"/> Hazardous Materials Inventory form</p> <p>A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code). A new Hazardous Materials Inventory form is required for any chemical subject to this act.</p>	<p>The California Health &amp; Safety Code, Division 20, Chapter 6.95, Section 25505(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> certify all documents within their Hazardous Material Business Plan (HMBP) triennially (every three years).</p> <p>A business may comply with this reporting requirement by submitting this certification statement to the Anaheim Fire Department by <b>March 1</b>.</p> <p>(Please check all applicable boxes)</p> <p><input checked="" type="checkbox"/> No changes are required.</p> <p><input type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input type="checkbox"/> Business Owner/Operator Identification form <input type="checkbox"/> Business Activities form <input type="checkbox"/> Site Map <input type="checkbox"/> Emergency Plan/Consolidated Contingency Plan</p>

#### CERTIFICATION

*As an authorized representative, I certify under penalty of law that I have personally examined the hazardous materials inventory and/or the Consolidated Contingency/Emergency Plan. I am familiar with the information submitted and believe the information is true, accurate and complete.*

Signature: [Handwritten Signature]

Date: 11-30-11

Print Name: JOHN WHITTAKER

Title: PRESIDENT

☐ This form was printed from [www.anaheim.net/hms](http://www.anaheim.net/hms) and a completed, signed copy has been retained.

OFFICE USE ONLY

REVIEWED BY: \_\_\_\_\_ REVIEWED DATE: \_\_\_\_\_